

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90362 047 \*\*\*\*50.00

<b>DOCUMENT # L06000046423</b> 1. Entity Name <b>ISLAND THAI, LLC</b>			
Principal Place of Business <b>777 EAST MERRITT ISLAND CAUSEWAY</b> <b>MERRITT ISLAND, FL 32952</b>		Mailing Address <b>49 YAWL DR.</b> <b>COCOA BEACH, FL 32931 FL</b>	
2. Principal Place of Business - No P.O. Box # <b>777 E. Merritt Island Causeway</b> Suite, Apt. #, etc. <b>S-6</b>		3. Mailing Address <b>49 Yawl Dr</b> Suite, Apt. #, etc.	
City & State <b>Merritt Island</b>		City & State <b>Cocoa Beach, FL</b>	
Zip <b>32952 FL</b>		Zip <b>32931</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>SUKSAIBOON, NATTHAPORN</b> <b>49 YAWL DR.</b> <b>COCOA BEACH, FL 32931</b>		7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NARAPANYA, NIRAN 5081 WOODLAND DR. DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNANTAPRAWHIT, CHOKCHAI 5081 WOODLAND DR. DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUKSAIBOON, NATTHAPORN 49 YAWL DR. COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <b>(Natthaporn Suksaiboon)</b> 04-15-07, 321-986-8843			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

40075104



04142007 Chg-LLC CR2E083 (12/06)

4. FEL Number **27-0142941** Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required